

## Texas Prior Authorization Program Clinical Criteria

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### Drug/Drug Class

## Oxervate (cenegermin-bkbj)

*This criteria was recommended for review by an MCO to ensure appropriate and safe utilization.*

### Clinical Information Included in this Document

#### Oxervate ophthalmic solution

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section

### Revision Notes

Annual review by staff  
Updated references



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### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
OXERVATE 0.002% EYE DROP	45762



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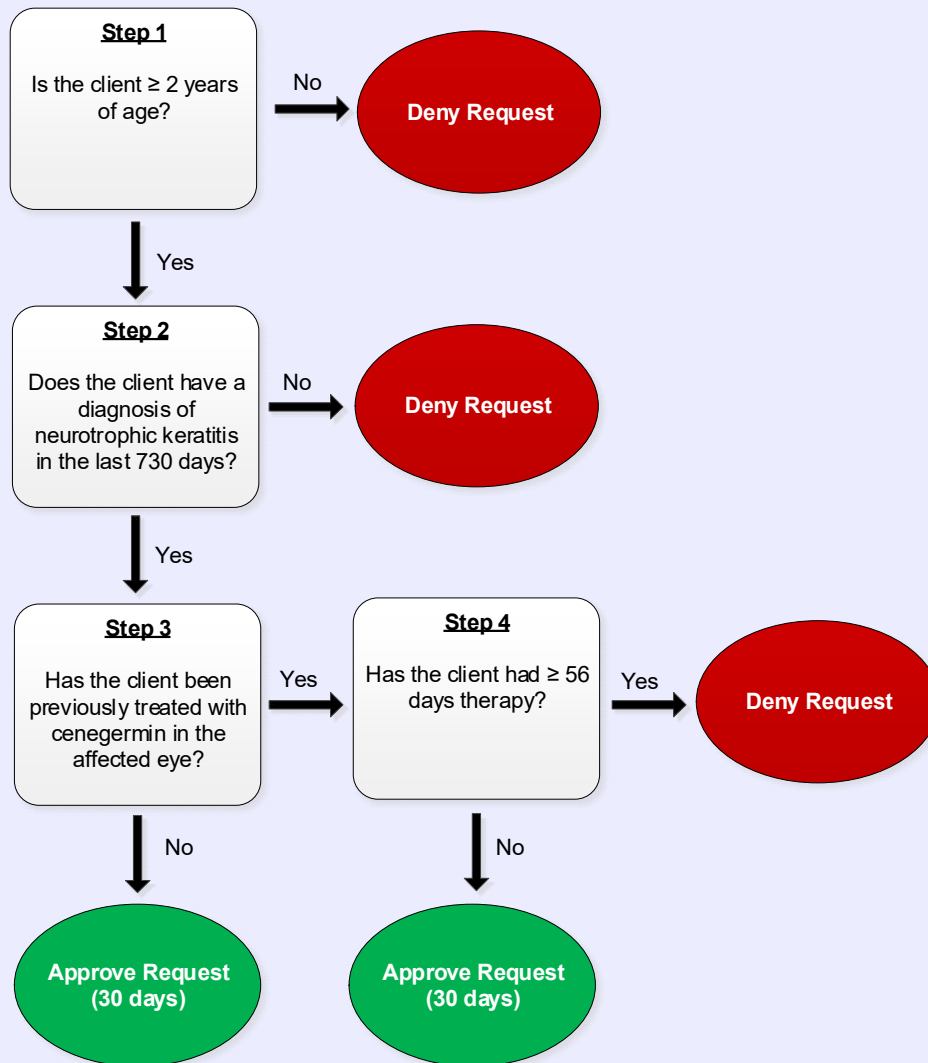
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 2 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of **neurotrophic keratitis** in the last 730 days?  
 Yes (Go to #3)  
 No (Deny)
3. Has the client been previously treated with cenegermin in the affected eye?  
 Yes (Go to #4)  
 No (Approve – 30 days)
4. Has the client received greater than or equal to ( $\geq$ ) 56 days therapy?  
 Yes (Deny)  
 No (Approve – 30 days)



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## Clinical Criteria Logic Diagram





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### Clinical Criteria Supporting Tables

<b>Step 2 (diagnosis of neurotrophic keratitis)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
H16231	NEUROTROPHIC KERATOCONJUNCTIVITIS RIGHT EYE
H16232	NEUROTROPHIC KERATOCONJUNCTIVITIS LEFT EYE
H16233	NEUROTROPHIC KERATOCONJUNCTIVITIS BILATERAL
H16239	NEUROTROPHIC KERATOCONJUNCTIVITIS UNSPECIFIED EYE



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### Clinical Criteria References

1. 2020 ICD-10-CM Diagnosis Codes. 2020. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on July 24, 2020.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2024. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on January 10, 2024.
3. Micromedex [online database]. 2024. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on January 10, 2024.
4. Oxervate Prescribing Information. Boston, MA. Dompe U.S. Inc. October 2023.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/24/2020	Initial publication and presentation to the DUR Board
12/02/2022	Annual review by staff Updated references
01/10/2024	Annual review by staff Updated references